

Insert Label #1 here.

Insert Label #2 here.

Insert Label #3 here.

All shaded areas are required items.

## COMMUNITY HEALTH SERVICES REPORT

HEALTH DEPARTMENT ID # \_\_\_\_\_

PLEASE PRINT

ORGANIZATION REQUESTING SERVICE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ADDRESS NUMBER/STREET \_\_\_\_\_

CITY \_\_\_\_\_

COUNTY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

LOCATION OF SERVICE AND DIRECTIONS (NAME OF BUILDING, TYPE OF BUILDING, ROOM NUMBER, ETC.) \_\_\_\_\_

DATE(S) FOR REQUESTED SERVICE: \_\_\_\_\_

TIME(S): \_\_\_\_\_

LEAD PROVIDER NAME \_\_\_\_\_

OTHER GROUPS PARTICIPATING \_\_\_\_\_

TARGET AUDIENCE : \_\_\_\_\_

ESTIMATED # OF PARTICIPANTS: \_\_\_\_\_

Describe Event (including topic(s) to be presented): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EQUIPMENT TO BE PROVIDED BY LHD: \_\_\_\_\_

EQUIPMENT TO BE PROVIDED BY ORGANIZATION: \_\_\_\_\_

Instructions/Comments: \_\_\_\_\_

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### STATISTICAL REPORT

	County Service Code	Lead Provider #	Doc. #	Date of Presentation	Place /Type of Service Code	Cost Center	2010 Object./ MCH Perform. Measures	Activity Code	*Ethnicity/**Race					
									W	B	A	O	H	U
1														
2														
3														

	**Gender		**Age						Total # Contacts/ Participants	Contact Time (minutes)	Prep Time (minutes)	Optional LHD Field	Optional LHD Field
	M	F	<5	5-12	13-18	19-49	50-64	65+					
1													
2													
3													

\* W=White-Non-Hispanic; B=Black-Non-Hispanic; A=American Indian; O=Oriental; H=Hispanic; U=Unknown

\*\* Enter actual number for "Race", "Gender", and "Age". Data Entry Initials/Date: \_\_\_\_\_